



Evaluation Tools for Team Nutrition Grant Pilot Study

Team Nutrition Grant Financial Monthly Report

Section 1:

Name:	Date:
Report for the Month of:	Year:
School Name:	Phone Number:
Check one: <input type="checkbox"/> HS Closed Campus <input type="checkbox"/> HS Open Campus <input type="checkbox"/> Elementary <input type="checkbox"/> Jr. High/Middle School	Contract No.:

Section 2:

Program Meals	Meals Served #	Revenue \$	Reimburse \$	Total \$	Wages \$	Meal Cost \$	All other (Indirect) Cost \$	Total \$	Profit (Loss) \$
Children Breakfasts									
Adult Worker Breakfasts									
Other Adult Breakfasts									
Children Lunches									
Adult Worker Lunches									
Other Adult Lunches									
Comments (impact on atmosphere, students, explain any 5% or greater difference from previous report)									

Section 3:

<input type="checkbox"/> Check box if student sales occurred	Describe Student Sales:
Which District Account Do Student Sales Get Deposited? <input type="checkbox"/> Student Services <input type="checkbox"/> Student Activities <input type="checkbox"/> Other(specify): _____	Ending Balance of this account for the month:
Comments: (impact on clubs and fundraising activities, etc.)	

Section 4:

Other Food Sales	Revenue \$	Reimburse \$	Total \$	Wages \$	Food Cost \$	All other Indirect Cost \$	Total \$	Profit (Loss) \$
Al a Carte								
Vending								
Other Foods								
Comments (impact on students, items sold, explain any 5% or greater difference from previous report)								